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Jc944 U.S. PTO

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EL 465782316

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Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	MI22-1668
	First Inventor or Application Identifier	Kristy A. Campbell
	Title	Method of Forming Non-Volatile Resistance Variable ...
	Express Mail Label No.	EL 465782316

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 29] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention plus title page- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Other: Check; Power of Attorney by Assignee and Certificate by Assignee	
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		
* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021567 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	Mark S. Matkin				
Address	Wells, St. John, Roberts, Gregory & Matkin P.S. 601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country		Telephone	509-624-4276	Fax	509-838-3424

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature	<i>Mark S. Matkin</i>	Date	8/29/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (12/99)

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FEE TRANSMITTAL**for FY 2001**

Patent fees are subject to annual revision.

Small Entity payments *must* be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT** (\$)**1,306.00****Complete if Known**

Application Number	Unknown
Filing Date	Filed Herewith
First Named Inventor	Kristy A. Campbell
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1668

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

23-0928

Deposit Account Name

Wells, St. John, Roberts et al.

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130 205 65	Surcharge - late filing fee or oath	0.00
127	50 227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130 139 130	Non-English specification	0.00
147	2,520 147 2,520	For filing a request for reexamination	0.00
112	920* 112 920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840* 113 1,840*	Requesting publication of SIR after Examiner action	0.00
115	110 215 55	Extension for reply within first month	0.00
116	380 216 190	Extension for reply within second month	0.00
117	870 217 435	Extension for reply within third month	0.00
118	1,360 218 680	Extension for reply within fourth month	0.00
128	1,850 228 925	Extension for reply within fifth month	0.00
119	300 219 150	Notice of Appeal	0.00
120	300 220 150	Filing a brief in support of an appeal	0.00
121	260 221 130	Request for oral hearing	0.00
138	1,510 138 1,510	Petition to institute a public use proceeding	0.00
140	110 240 55	Petition to revive - unavoidable	0.00
141	1,210 241 605	Petition to revive - unintentional	0.00
142	1,210 242 605	Utility issue fee (or reissue)	0.00
143	430 243 215	Design issue fee	0.00
144	580 244 290	Plant issue fee	0.00
122	130 122 130	Petitions to the Commissioner	0.00
123	50 123 50	Petitions related to provisional applications	0.00
126	240 126 240	Submission of Information Disclosure Stmt	0.00
581	40 581 40	Recording each patent assignment per property (times number of properties)	40.00
146	690 246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690 249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify) _____			0.00
Other fee (specify) _____			0.00

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690 201 345	Utility filing fee	710.00
106	310 206 155	Design filing fee	
107	480 207 240	Plant filing fee	
108	690 208 345	Reissue filing fee	
114	150 214 75	Provisional filing fee	

SUBTOTAL (1) (\$)**710.00****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
42	-20** = 22	x 18	= 396
5	-3** = 2	x 80	= 160
Multiple Dependent			= 0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18 203 9	Claims in excess of 20
102	78 202 39	Independent claims in excess of 3
104	260 204 130	Multiple dependent claim, if not paid
109	78 209 39	** Reissue independent claims over original patent
110	18 210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**556.00**

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40.00****SUBMITTED BY**

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268	Complete (if applicable)	Telephone	509-624-4276
Signature		Date	8-29-01			

WARNING:

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